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CONFIRMATION NO. 2305

SERIAL NUMBER 10/801,050	FILING or 371(c) DATE 03/15/2004 RULE	CLASS 424	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. TSRI 651.7
APPLICANTS David A. Cheresh, Eucinitas, CA; Robert Paul, Munich, DE; Brian Eliceiri, Carlsbad, CA;				
** CONTINUING DATA ***** This application is a CIP of PCT/US03/37653 11/18/2003 which is a CIP of 10/298,377 11/18/2002 which is a CIP of 09/538,248 03/29/2000 which is a CIP of 09/470,881 12/22/1999 PAT 6,685,938 which is a CIP of PCT/US99/11780 05/28/1999 which claims benefit of 60/087,220 05/29/1998				
** FOREIGN APPLICATIONS ***** <i>None 2V</i>				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/28/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>E. V. Valili</i> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 20	TOTAL CLAIMS 40
INDEPENDENT CLAIMS 4				
ADDRESS OLSON & HIERL, LTD. 36th Floor 20 North Wacker Drive Chicago, IL 60606 UNITED STATES				
TITLE Method of treatment of myocardial infarction				
FILING FEE RECEIVED 1346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	